
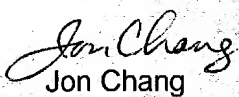


| | | | |
|--|------------------------|---------------------|--|
| Issue Classification  | Application No. | Applicant(s) | |
| | 09/901,190 | INAGAKI, DAISUKE | |
| | Examiner | Art Unit | |
| | Jon Chang | 2623 | |

| ISSUE CLASSIFICATION | | | | | | | | | | | | | | |
|--|---|----------|---|------|--|-----------------------------------|-----|--|--|---------------------------------|--|--|--|--|
| ORIGINAL | | | | | CROSS REFERENCE(S) | | | | | | | | | |
| CLASS | | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | |
| 382 | | 291 | | | 382 | 287 | 309 | | | | | | | |
| INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | | | |
| G | 0 | 6 | K | 9/03 | | | | | | | | | | |
| | | | | / | | | | | | | | | | |
| | | | | / | | | | | | | | | | |
| | | | | / | | | | | | | | | | |
| | | | | / | | | | | | | | | | |
| (Assistant Examiner) (Date) (Legal Instruments Examiner) (Date) | | | | | <div style="text-align: center;">  Jon Chang (Primary Examiner) </div> <div style="text-align: center;"> 12/22/04 (Date) </div> | | | | | Total Claims Allowed: 15 | | | | |
| | | | | | | | | | | O.G. Print Claim(s) 1 | | | | |

| | | | | | | | | | | | | | | | |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 1 | | 31 | | 61 | | 91 | | 121 | | 151 | | 181 | | |
| | 2 | | 32 | | 62 | | 92 | | 122 | | 152 | | 182 | | |
| 2 | 3 | | 33 | | 63 | | 93 | | 123 | | 153 | | 183 | | |
| 3 | 4 | | 34 | | 64 | | 94 | | 124 | | 154 | | 184 | | |
| 4 | 5 | | 35 | | 65 | | 95 | | 125 | | 155 | | 185 | | |
| 5 | 6 | | 36 | | 66 | | 96 | | 126 | | 156 | | 186 | | |
| 6 | 7 | | 37 | | 67 | | 97 | | 127 | | 157 | | 187 | | |
| | 8 | | 38 | | 68 | | 98 | | 128 | | 158 | | 188 | | |
| 7 | 9 | | 39 | | 69 | | 99 | | 129 | | 159 | | 189 | | |
| 8 | 10 | | 40 | | 70 | | 100 | | 130 | | 160 | | 190 | | |
| | 11 | | 41 | | 71 | | 101 | | 131 | | 161 | | 191 | | |
| 9 | 12 | | 42 | | 72 | | 102 | | 132 | | 162 | | 192 | | |
| 10 | 13 | | 43 | | 73 | | 103 | | 133 | | 163 | | 193 | | |
| 11 | 14 | | 44 | | 74 | | 104 | | 134 | | 164 | | 194 | | |
| 12 | 15 | | 45 | | 75 | | 105 | | 135 | | 165 | | 195 | | |
| | 16 | | 46 | | 76 | | 106 | | 136 | | 166 | | 196 | | |
| 13 | 17 | | 47 | | 77 | | 107 | | 137 | | 167 | | 197 | | |
| 14 | 18 | | 48 | | 78 | | 108 | | 138 | | 168 | | 198 | | |
| 15 | 19 | | 49 | | 79 | | 109 | | 139 | | 169 | | 199 | | |
| | 20 | | 50 | | 80 | | 110 | | 140 | | 170 | | 200 | | |
| | 21 | | 51 | | 81 | | 111 | | 141 | | 171 | | 201 | | |
| | 22 | | 52 | | 82 | | 112 | | 142 | | 172 | | 202 | | |
| | 23 | | 53 | | 83 | | 113 | | 143 | | 173 | | 203 | | |
| | 24 | | 54 | | 84 | | 114 | | 144 | | 174 | | 204 | | |
| | 25 | | 55 | | 85 | | 115 | | 145 | | 175 | | 205 | | |
| | 26 | | 56 | | 86 | | 116 | | 146 | | 176 | | 206 | | |
| | 27 | | 57 | | 87 | | 117 | | 147 | | 177 | | 207 | | |
| | 28 | | 58 | | 88 | | 118 | | 148 | | 178 | | 208 | | |
| | 29 | | 59 | | 89 | | 119 | | 149 | | 179 | | 209 | | |
| | 30 | | 60 | | 90 | | 120 | | 150 | | 180 | | 210 | | |